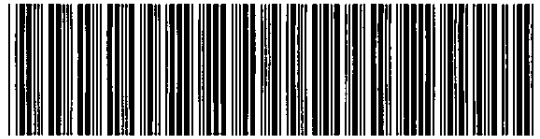


MIS000001874



000271338420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 661592 7894067

AUTHORIZATION :

COST LIMIT :

*Lyndell Coleman*  
\$25.00

ORDER DATE : June 9, 2015

ORDER TIME : 9:13 AM

ORDER NO. : 661592-005

CUSTOMER NO: 7894067

FOREIGN FILINGS

NAME: MATTAMY NAPLES LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Mattamy Naples LLC
2. The Florida document number of this limited liability company is: M15000001824
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 03/10/2015

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, change the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida Street Address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

The following persons are added as officers of the company:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	<u>James Leiferman</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
Vice President	<u>David Koon</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
Vice President	<u>Leslie Candes</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
Vice President	<u>Edward Suchora</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
Vice President	<u>Richard C. Stevens III</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove

[ADDITIONAL NAMES ON ATTACHED PAGE]

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert A. Harris IV  
 Signature of the authorized representative

Robert A. Harris IV  
 Typed or printed name of signee

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

**CONTINUED FROM PRIOR PAGE**

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Vice President</u>	<u>Patrick Coomer</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Scott Paige</u>	<u>1900 Summit Tower Blvd., #500</u>	<input checked="" type="checkbox"/> Add
		<u>Orlando, FL 32810</u>	<input type="checkbox"/> Remove
<u>Vice President</u>	<u>Robert A. Harris IV</u>	<u>5335 Wisconsin AVE NW, #440</u>	<input checked="" type="checkbox"/> Add
		<u>Washington, DC 20015</u>	<input type="checkbox"/> Remove
<u>Secretary</u>	<u>Robert A. Harris IV</u>	<u>5335 Wisconsin AVE NW, #440</u>	<input checked="" type="checkbox"/> Add
		<u>Washington, DC 20015</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

\_\_\_\_\_  
Signature of the authorized representative

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**